

**CITY OF COVINGTON, KY.
DEPARTMENT OF HEALTH.
BUREAU OF VITAL STATISTICS.**

No. 20758

195 157

CERTIFICATE OF DEATH.

— Full name of deceased Infant Barnhor

— *White, ~~Black~~ ~~Other~~ 3. — *Male. ~~Female~~ 4. — Age, _____ years, _____ months, 16 hours, _____ days.

— *Single, ~~Married~~, ~~Widower~~, ~~Widow~~, ~~Divorced~~. 6. — Occupation None

— Place of birth 1050 Lee St Cov. Ky. 8. — If foreign born, how long in U. S. _____ years.

— How long resident in city _____ years. 10. — Father's Name Edward Steckle

— Father's Birthplace Newport Ky 12. — a) Mother's Name Mary Barnhor

— Mother's birthplace Covington Ky. (b) If deceased is a married woman — Maiden Name _____

— Place of death, No. 1050 Lee St. Covington Ky.

— Place of Residence, No. " " " " " "

— *Private, ~~Penitentiary~~, ~~Public Institution~~. 17. — Date of death March. 12 - 1906

— Cause of death, } Remote or Predisposing } Premature Birth.

 } Immediate } Quarition.

— Duration of last illness _____ 20. — I certify that I attended the above named in his last illness

— Date of interment March 20 1906 P.M. G. J. Ellis M. D.

— Place of Interment Mother of God Address 232 W. 11th St

— Name of Undertaker Linnemann & Moore Cov. Ky.

** DRAW A LINE THROUGH WORDS NOT REQUIRED.